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Bib Data Sheet

CONFIRMATION NO. 8354

SERIAL NUMBER 09/843,520	FILING DATE 04/27/2001 RULE 1.47	CLASS 375	GROUP ART UNIT 2631	ATTORNEY DOCKET NO. 1-2-32.3US
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APPLICANTS

Donald L. Schilling, Sands Point, NY;

** CONTINUING DATA *****

THIS APPLICATION IS A CIP OF 09/167,388 10/06/1998 PAT 6,226,316
WHICH IS A CON OF 08/666,069 06/21/1996 ABN
WHICH IS A CON OF 08/218,198 03/28/1994 PAT 5,535,238
WHICH IS A CIP OF 07/792,869 11/19/1991 PAT 5,299,226
WHICH IS A CIP OF 07/614,816 11/16/1990 PAT 5,093,840

NWC

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/20/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY NY	SHEETS DRAWING 14	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 4
Verified and Acknowledged Examiner's Signature _____	Initials _____				

ADDRESS

24374
VOLPE AND KOENIG, PC
DEPT ICC
SUITE 400, ONE PENN CENTER
1617 JOHN F. KENNEDY BOULEVARD
PHILADELPHIA , PA
19103

TITLE

Spread spectrum adaptive power control communications system and method

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other
RECEIVED 920		



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35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

Jeffrey M. Glabicki, Esquire
 Volpe and Koenig, P.C., Dept. ICC
 Suite 400, One Penn Center
 1617 John F. Kennedy Boulevard
 Philadelphia ,PA 19103

TITLE

Spread spectrum adaptive power control communications system and method

FILING FEE RECEIVED 920	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit